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RUCPDOC/DEPT OF COMMERCE WASHDC PRIORITY

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SIPDIS

PASS TO FOOD AND DRUG ADMINISTRATION

PASS TO CENTERS FOR DISEASE CONTROL AND PREVENTION

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SUBJECT: SWEDEN URGES THE EU-US SUMMIT NOTE COOPERATION ON ANTI-MICROBIAL RESISTANCE AND E-HEALTH

REF: (A) 9-14-09 Memorandum from the Swedish Presidency of the European Union on Antimicrobial Resistance

¶1. (U) Summary: Sweden's Minister of Health has urged the U.S. to support Sweden's efforts to have the Leaders Declaration from the US-EU Summit state that the US and EU will work together against the silent pandemic of antibiotic/antimicrobial resistance, especially on providing needed incentives for the pharmaceutical industry to develop new antibiotics. The Minister would also like to see the Summit note the importance of US-EU cooperation on e-Health. End Summary.

Summit Should Note US-EU Efforts on Antibiotic Resistance

¶2. (U) Minister of Health Goran Hagglund asked to meet the Ambassador to discuss a possible deliverable for the US-EU Summit on antibiotic/antimicrobial resistance and e-health. He requested U.S. support to have the Leaders' Declaration from the November 2009 US-EU Summit note the importance of combating antibiotic resistance, and that the US and EU would work together against this threat. Although the Leaders would not discuss the issue at the Summit, Hagglund said their noting it would provide much needed political leadership.

What the US and EU Could Do on Antibiotic Resistance

¶3. (U) Hagglund said a first step in tackling antibiotic resistance would be formation of a US-EU Task Force. Pressed by the Ambassador to identify what the Task Force would accomplish, Hagglund said it would be given a precise mandate and short time frame to produce results, such as within six months, i.e. before the next US-EU Summit. Hagglund agreed with the Ambassador's suggestion to concretely identify what measures needed to be done at the US-EU level. He said the Task Force could work from a report commissioned by the Swedish EU Presidency highlighting possibilities for government incentives for the pharmaceutical industry to develop new antibiotics. He suggested the Task Force identify which of the nine possibilities in the report could be useful tools, recognizing that appropriate tools for the US and Europe may differ. The report was prepared by Professor Elias Mossialos of the London School of Economics, and presented at a September 16-17 experts' conference hosted by the Swedish Presidency in Stockholm.

¶4. (U) Hagglund explained that funding to develop new antibiotics was a secondary problem to the need for "mechanisms," including regulatory muscle, to get pharmaceutical companies to focus on antibiotics given the lack of profit in developing antibiotics.

¶5. (U) Hagglund cited the importance of raising public awareness, but noted the need for solutions. He said he would ask experts about low hanging fruit on antibiotic resistance that the US and EU could harvest in the near term, but noted the need for a long-term commitment to ensure a solution to the problem.

¶6. (U) Hagglund noted that the US and Sweden are both working on antibiotic resistance and doing research, but were not seeing the research result in new medicines over the next few years. Because the US and Europe face the same problem, he said, this is a good opportunity to work together to apply resources in a way that reduces costs and maximizes outcomes. As an example, he praised the recent U.S. commitment to set aside resources to combat pandemic flu. He noted that antibiotic resistance is a silent pandemic, especially in developing countries. Because resistant bacteria spread between countries, Hagglund noted that this is a global problem, not one that can be solved by countries acting alone.

¶7. (U) The Minister said the recent experts' conference gave him confidence that a Task force could quickly come up with a way forward. He was pleased that "some of the most important experts" turned out for the conference, as did U.S. officials. The Minister's press secretary Petra Kjellarsson said the conference elicited an "extreme response" from the experts who thanked Sweden for hosting it and urged them to take the issue to the US, EU member states and other governments.

¶8. (U) Hagglund said most of the conference discussions were based on the Mossialos report, and a paper on what would happen over the next few years if we do almost nothing to develop new antibiotic drugs.

¶9. Comment: To help clarify what a US-EU Task Force might accomplish over six months, a Stockholm-based official from the U.S.

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Centers for Disease Control and Prevention (CDC) notes that such a Task Force could establish mechanisms for determining which strategies, among the many proposed in the EU and US, are most likely to be effective and consistent with current law or require new legislation. Given the global presence of pharmaceutical companies, the Task Force could determine which mechanisms have a likelihood of being introduced in parallel in the US and EU. Other activities that could be accomplished by the next Summit in the area of antibiotic resistance include work already underway between the CDC and its European counterpart (ECDC) for a joint campaign in the fall of 2009 encouraging appropriate use of antibiotics with a joint "antibiotic awareness day." Preventing antimicrobial resistance in health care settings will be a focus of the next two EU Presidencies in the area of health. The US and EU could possibly formalize collaborations on infection control and surveillance for antibiotic resistance in health care settings, a topic that has been mentioned by U.S. Secretary for Health and Human Services Sebelius in her discussions of patient safety in the context of health care reform.

End Comment

Antibiotic Resistance is the Silent Pandemic

¶10. (U) Hagglund noted that in the European Union (EU) about 25,000 people die every year from antibiotic resistance, while in the U.S. the number is 63,000. He compared this to deaths due to road accidents of 40-45,000 a year each for the US and EU. He said the cost, both in economic terms and human lives, would be extremely high if we do nothing.

¶11. (U) Hagglund said the problem of antibiotic resistance had three pillars: (1) preventing inappropriate prescribing and use of antibiotics; (2) ensuring use of effective infection control methods by health care facilities to prevent the spread; and (3) how we can provide needed support in the current situation where there are no new antibiotic drugs coming.

Need for Incentives to Develop Antibiotics

¶12. (U) He said we know what to do about the first two pillars, the third is the challenge. Although there was considerable research, Hagglund said there were no new drugs coming in the next few years. He explained that the pharmaceutical industry is putting money into areas where it can achieve substantially higher profits, such as long-term treatments rather than antibiotics that are used for one week or so. Fredrik Lennartsson, Director of the Division for EU Coordination and International Affairs reiterated that economic incentives for the industry are not strong enough for antibiotics, which are designed to be used for short periods of time.

Following Up with USEU

¶13. (U) Hagglund explained how Sweden has been working on a national level and with past and future EU Presidencies, including Czech Republic, France, and Slovenia, to put antibiotic resistance at the top of the EU agenda. He said they would be continuing their discussions with USEU to get antibiotic resistance item noted at the US-EU Summit.

Standardization in E-Health as a Summit Deliverable

¶14. (U) Hagglund said antibiotic resistance could be handled better if the health care sector had information technology (IT) solutions in place. He explained how Sweden was working with the Czech Republic, France, Sweden, Spain United Kingdom and Netherlands. A report based on IT efforts in those countries noted that progress in using IT for health care would save 9 million hospital beds. He also discussed Sweden's efforts as the coordinator of a pilot project involving electronic records in 12 EU countries.

¶15. (U) The Ambassador noted that Sweden is a world leader in the use of IT health care. Hagglund acknowledged that although Sweden uses electronic patient records for 100 percent of primary care and 95 percent of hospital care, it still has problems with systems that are not interoperable. Hagglund stressed the importance of standardization, and working with the United States. He said Sweden has worked with the IT Coordinator for the U.S. Department of Health and Human Services, Charles Friedman. Hagglund stressed the need for US EU cooperation to compare outcomes in order to develop quality in e-Health. He said he would be speaking on e-Health at a November 18-19 EU conference on information technology to which U.S.

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officials had been invited.

¶16. (U) The Ambassador noted U.S. challenges regarding e-Health, such as different insurance schemes in each of the 50 states, and the fact that most doctors work as small businesses so they view e-Health as an unfunded mandate. He noted the need to make e-Health profitable.

Comment

¶17. (U) During the July 3, 2009 consultations with Assistant Secretary for European Affairs Phil Gordon on possible Summit deliverables, Foreign Ministry State Secretary Bjorn Lyrvall said the Swedish Presidency would look to have antibiotic resistance and e-Health mentioned by the Leaders at the Summit. Minister Hagglund invited U.S. Secretary of Health and Human Services Sebelius to an informal meeting of EU Health Ministers in July 2009 to discuss anti-biotic/anti-microbial resistance and e-Health, but she was unable to attend. Hagglund used his meeting with the Ambassador to further define what the Swedish Presidency would like Leaders to note at the Summit. His view of a deliverable on antibiotic resistance was more focused than ideas Sweden presented in a paper to USEU last week (REF A). This more narrow focus seems to reflect feedback received from USEU and other USG officials. End comment.

Participants:

Gran Hdglund; Minister for Health and Social Affairs
Karin Johansson, State Secretary (very knowledgeable about the eHealth issue, came to the Ministry from Microsoft)

Petra Kjellarsson, Press secretary to the Minister
Anna Hedin, Deputy Director of the Division for EU coordination and
International affairs
Fredrik Moen, Counselor, Public Health, Permanent Representation of
Sweden to the EU

Ambassador Matthew Barzun
Deputy Chief of Mission Robert Silverman
Economic Counselor Laura Kirkconnell
Commercial Counselor Frank Carrico

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